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| <b>APPLICATION FOR PROMOTIONAL EXAMINATION</b><br><br><b>JURISDICTION:</b> _____<br><br><b>MUNICIPAL FIRE AND POLICE CIVIL SERVICE BOARD</b>   |  | <b>BOARD USE ONLY</b><br>1. Chm.<br>2. V. Chm.<br>3.<br>4.<br>5.       |  |
| <b>EXAMINATION FOR WHICH YOU ARE APPLYING:</b>   |  |  |  |
| <b>ATTACHMENTS TO YOUR APPLICATION</b><br><br>In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the local municipal fire and police civil service board in each jurisdiction has adopted its own qualification requirements for each of its promotional classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board to which you are applying. You must attach a copy of the following documents:<br><br>Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization)<br>Proof that you have a valid driver's license (if this is a requirement of the civil service board to be admitted to the exam)<br>Proof that you meet all other requirements as posted by the civil service board to be admitted to the exam |  |  |  |
| <b>NAME:</b>   |  | <b>NAME:</b>   |  |
| <b>FIRST</b>   |  | <b>MIDDLE</b>  |  |
| <b>STREET ADDRESS/P.O. BOX NO.</b>   |  | <b>STATE/ZIP</b>   |  |
| <b>HOME TELEPHONE NUMBER (WITH AREA CODE)</b><br>(    )  |  | <b>OFFICE TELEPHONE NUMBER (WITH AREA CODE)</b><br>(    )              |  |
| <b>SOCIAL SECURITY NUMBER</b>  |  | <b>DATE OF BIRTH: MONTH/DATE/YEAR:</b>                                 |  |
| <b>ARE YOU A CITIZEN OF THE UNITED STATES?</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |  | <b>DRIVER'S LICENSE NO:</b> _____<br><br><b>EXPIRATION DATE:</b> _____ |  |
| <b>CLASS TITLE OF YOUR CURRENT POSITION:</b> _____<br><br><b>DATE OF PROBATIONAL APPOINTMENT TO THIS CLASS:</b> _____<br><br><b>IF CONFIRMED, DATE OF CONFIRMATION IN THIS CLASS:</b> _____  |  |  |  |
| <b>LIST ANY SUSPENSIONS OR SEPARATIONS DURING YOUR EMPLOYMENT WITH THIS JURISDICTION:</b><br><br><br><br><br>  |  |  |  |

LIST ANY CERTIFICATIONS, TRAINING OR COURSE WORK WHICH QUALIFIES YOU FOR THE EXAMINATION FOR WHICH YOU ARE APPLYING. PLEASE INCLUDE THE DATE LICENSED OR CERTIFIED, THE EXPIRATION DATE AND ANY RESTRICTIONS IF APPLICABLE.

#### REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

☐ I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): \_\_\_\_\_

**REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION:** in order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.

What accommodations are you requesting?

☐ Extra Time    ☐ Reader    ☐ Private Room    ☐ Scribe    ☐ Other: \_\_\_\_\_

#### AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

|      |                        |
|------|------------------------|
| DATE | SIGNATURE OF APPLICANT |
|------|------------------------|

IN ACCORDANCE WITH CIVIL SERVICE LAW, THE BOARD SHALL REJECT ANY APPLICATION FILED AFTER THE DATE AND TIME FIXED FOR CLOSING DATE OF APPLICATIONS AS ANNOUNCED IN THE PUBLIC NOTICE FOR THE EXAMINATION